FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB AP	PROVAL
OMB Number: Expires: Estimated average hours per form	May 31, 2008 burden
SEC US	E ONLY
Prefix	Serial
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DATE RE	CEIVED
1	1

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					··				
Name of Offering	( check if this is an amend		has changed, and in	dicate change.)	252.55				
		_		<u>_</u>	<u> </u>	<u> </u>			
Filing Under (Check b	xx(es) that apply):	☐ Rule 504	Rule 505	Rule 506	Section Atti Fractions				
Type of Filing:	New Filing	Amendment			Section				
A. BASIC IDENTIFICATION DATA MAI 1 2008									
Enter the inform	ation requested about the issu	er							
Name of Issuer	check if this is an amenda	nent and name h	nas changed, and inc	licate change.	Washington, DC				
Sand Spring Capital			-		109				
Address of Executive	Offices		(Number and Stree	t, City, State, Zip Co	de) Telephone Number (Including	Area Code)			
Walkers SPO Limite	d, P.O. Box 908GT, George	own, Grand Ca	ıyman, Cayman İsla	nds	(345)814-4684				
Address of Principal (	Offices		(Number and Stree	t, City, State, Zip Co	de) Telephone Number (Including)	Area Code)			
(if different from Exec	utive Offices)				PROCES	SED			
Brief Description of B	usiness:								
·					MAY 2 2 2 0	08			
Type of Business Org	janization				••••				
	corporation	☐ limited (	partnership, already	ormed	☑ other (pleas <b>TH@MSON REUTERS</b>				
	business trust		partnership, to be for		Cayman Islands exempted Compa				
						-			

#### **GENERAL INSTRUCTIONS**

Actual or Estimated Date of Incorporation or Organization:

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

Month

0

Year

n

CN for Canada; FN for other foreign jurisdiction)

7

F

N

Estimated

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA											
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ Managing Member						
Full Name (Last name first, it	findividual):	Morales, Walter A.									
Business or Residence Address (Number and Street, City, State, Zip Code): c/o Commonwealth Advisors, Inc., 247 Florida Street, Baton Rouge, LA 70801											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual):	Miller, Kevin S.		······································							
Business or Residence Addr 70801	ess (Number and	Street, City, State, Zip Code	e): <b>c/o Commonwealti</b>	n Advisors, Inc., 2	247 Florida Street, Baton Rouge, LA						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, it	findividual):	Wilson-Clarke, Miche	lle M.								
Business or Residence Addr 70801	ess (Number and	Street, City, State, Zip Code	e): c/o Commonwealt	h Advisors, Inc., 2	247 Florida Street, Baton Rouge, LA						
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, it	findividual):	ERF Hedge Fund, LLC									
Business or Residence Addr 70801	ess (Number and	Street, City, State, Zip Code	e): c/o Commonwealt	h Advisors, Inc., 2	247 Florida Street, Baton Rouge, LA						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, it	findividual):										
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e):								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, it	f individual):										
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, it	f individual):										
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, it	findividual):										
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING													
1.	Has the issu	er sold, or o	does the is	suer inten				estors in th lumn 2, if f			••••••	☐ Yes	⊠ No
2.	What is the r	ninimum in	vestment t	hat will be	accepted	from any i	ndividual?				\$ <u>1,0</u>	000,000 initi	lal*, \$250,000* additional
										* may	be waived	at managii	ng member discretion
3.	Does the offe	erina nermi	t ioint own	arehin of a	einale uni	+2						□ Ves	i ⊠ No
		•	-	-	-								M MO
··	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Full Name (Last name first, if individual)  N/A												
Busi	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nam	e of Associat	ed Broker	or Dealer	·									
State	s in Which P												
	(Check "All S	states" or c			s) [CO]					☐ [GA]	Пінп	□ [ID]	All States
		☐ (/\_)	☐ [KS]					☐ [MA]			☐ [MS]	☐ [MO]	
						□ [NY]			☐ [OH]		[OR]	□ [PA]	
	□ [RI]       □ [SC]       □ [SD]       □ [TN]       □ [UT]       □ [VA]       □ [WA]       □ [WV]       □ [WI]       □ [WY]       □ [PR]    Full Name (Last name first, if individual)												
	vaine (Lasi n	аше шы, п	HIGIVIQUAI	,									
Busi	ness or Resid	lence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associat	ed Broker	or Dealer										
State	s in Which P (Check "All S								*******				☐ All States
	L]   [AK]	□ [AZ]	☐ [AR]	CA]			□ [DE]		□ (FL)	□ [GA]	[HI]	[ID]	
ו) 🗀	L) 🔲 [IN]	□ [IA]	☐ [KS]	□ [KY]	[LA]	☐ [MÉ]	☐ [MD]	☐ [MA]	☐ [MI]	[MN]	☐ [MS]	[MO]	
☐ [r	IT] [NE]	[VN]	□ [NH]	[m]	[MM]	□ [NY]	☐ [NC]	□ [ND]	□ (OH)	□ [OK]	□ [OR]	☐ [PA]	
☐ [F	RI] 🔲 [SC]	☐ [SD]	[TN]	□ [TX]	[[UT]		□ [VA]	[WA]	[M∧]	□ [WI]	□ [WY]	□ [PR]	
Full	Name (Last n	ame first, it	f individual	)									,
Busi	ness or Resid	lence Addr	ess (Numb	er and Str	reet, City, S	State, Zip	Code)						
Nam	e of Associat	ed Broker	or Dealer										
State	s in Which P (Check "All S												All States
	L) 🗌 [AK]	[AZ]	□ [AR]	CA]	☐ [CO]		□ (DE)	☐ [DC]	□ [FL]	☐ [GA]	☐ [HI]	□ {ID}	
<b>□</b> {I	_]	☐ [IA]	☐ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ (MD)	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	□ [MO]	
<b>□</b> [M	IT] [NE]	□ [NV]		□ [NJ]	☐ [NM]	□ [NY]						☐ [PA]	
☐ (F	RIJ 🔲 [SC]	□ [SD]	[MT]	[XT]	□ [UT]	□ [VT]	□ [VA]	□ [WA]	[W√]	[W]	[VW]	□ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

3 of 8

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred			<u>-</u> .	
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	<u>\$</u>	0
	Other (Specify)shares)	\$	100,000,000	\$	52,984,288
	Total	\$	100,000,000	\$	52,984,288
	Answer also in Appendix, Column 3, if filing under ULOE	<u>-</u>		<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		9	\$	52,984,288
	Non-accredited Investors		N/A	<u>\$</u>	N/A _
	Total (for filings under Rule 504 only)		0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
			•		
	Rule 505			<u> </u>	N/A
	Regulation A	·		<u> </u>	N/A
	Rule 504		N/A	- \$	N/A
	Total	·	N/A	<u>\$</u>	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	0
	Printing and Engraving Costs		🗆	\$	0
	Legal Fees		🛛	<u>\$</u>	25,673
	Accounting Fees		🗆	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		_	\$	0
	Other Expenses (identify)				0
	Total			<u> </u>	25,673
	· Viui		٢	<del>*</del>	

)	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to F "adjusted gross proceeds to the issuer."	е		<u>\$</u>	99,974,	327			
	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response to the interest of the estimate.	any purpose is not known, furnis ne total of the payments listed m	h an ust equal	Payn Off Dire	nents to ficers, ctors & iliates		•	ents to ners	
	Salaries and fees			\$	0		\$	0	
	Purchase of real estate			\$	. 0		\$	0	
	Purchase, rental or leasing and installation of made	chinery and equipment		\$	0		\$	0	
	Construction or leasing of plant buildings and facil	lities		\$	0		\$	0	
	Acquisition of other businesses (including the valuoffering that may be used in exchange for the ass pursuant to a merger	ets or securities of another issue	er 🔲	\$	0		\$	0_	
	Repayment of indebtedness			\$	0		\$	0	
	Working capital			\$	0		<b>\$ 99</b> ,9	74,327_	
	Other (specify):			\$	0		\$	-	
				\$	0		\$	0	
	Column Totals			\$	0	Ø	\$ 99.9	74.327	
	Total payments Listed (column totals added)				⊠ <u>*</u> 5	99,974			
		D. FEDERAL SIGNATU	RE						
on.	s issuer has duly caused this notice to be signed by the ur stitutes an undertaking by the issuer to fumish to the U.S. he issuer to any non-accredited investor pursuant to para	Securities and Exchange Comr	on. If this	notice is filed pon written re	under Rule quest of its s	505, the staff, the	following si information	gnature furnished	
SU	er (Print or Type)	Signature	Date						
	d Spring Capital III, Ltd.	Walle.		May 13, 2008					
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		_					
/al	ter A. Morales	Director of Sand Spring Capital III, Ltd.							

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Walter A. Morales

	÷	E. STATE SIGNATURE						
1.		262 presently subject to any of the disqualification	Yes 🛭 No					
		See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undert	akes to furnish to the state administrators, upon written request, info	ormation furnished by the issuer to offerees.					
4.		at the issuer is familiar with the conditions that must be satisfied to be the this notice is filed and understands that the issuer claiming the ava we been satisfied.						
	ssuer has read this notification and knows orized person.	the contents to be true and has duly caused this notice to be signed	on its behalf by the undersigned duly					
	r (Print or Type) I Spring Capital III, Ltd.	Signature M. Ind.	Date May 13, 2008					
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)	Title of Signer (Print or Type)					
Walte	er A. Morales	Director of Sand Spring Capital III, Ltd.	Director of Sand Spring Capital III, Ltd.					

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				API	PENDIX		<del>and the Scholars and t</del>				
1	2	2	3		4						
	Intend to non-ac investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ								<del> </del>			
AR											
CA											
СО											
СТ											
DE											
DC											
FL											
GA											
Н1			•								
ID											
IL	.,,								·		
IN								1			
IA											
KS											
КУ											
LA											
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				API	PENDIX					
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1	1	2	3		•	1		5		
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and Amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
				Number of Accredited		Number of Non-Accredited				
State	Yes	No	Shares	Investors	Amount	Investors	Amount	Yes	No	
NY										
NC										
ND										
ОН										
OK										
OR										
PA								ļ		
RI										
sc										
SD										
TN		×	\$100,000,000	1	\$5,000,000	o	\$0		х	
TX		×	\$100,000,000	5	\$43,050,000	0	\$0		x	
UT										
VT										
VA		х	\$100,000,000	1	\$4,500,000	0	\$0		х	
WA										
wv										
WI							<u>.</u>			
WY										
FN		×	\$100,000,000	2	\$1,800,000	0	\$0		x	

